L21000186052

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COVER LETTER

Tallahassee, FL 32314

	gistration Se vision of Cor			
SUBJECT:	GLOBAL (GODDESS, LLC		
Sommer.		Name of Lir	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return	i all correspo	ndence concerning this matter	r to the following:	
		GREGORY S ROM		
			Name of Person	
		MOSES AND SCHREIB	ER LLP	
			Firm/Company	
		1 HUNTINGTON QUAD	RANGLE, SUITE 4S05	
			Address	
		MELVILLE, NY 11747		
		GREG@MOSESANDSCH		
			to be used for future annual report not	ification)
For further in	iformation co	incerning this matter, please c	all;	
GREGORY	S ROM		516 352-7700	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div	ling Address istration Se ision of Co . Box 6327	ection orporations	Street Address: Registration Se Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL GODDESS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/21/2021 _____ and assigned Florida document number L21000186052 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BROADWAY GRAND LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

____, Florida ____

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
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Filing Fee: \$25.00